

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	V		
O.I.P.E. CLASSIFIER		10	1-11-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 - _____ Allowed I _____ Interference
 - (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		31		101	
2		32		102	
3		33		103	
4		34		104	
5		35		105	
6		36		106	
7		37		107	
8		38		108	
9		39		109	
10		40		110	
11		41		111	
12		42		112	
13		43		113	
14		44		114	
15		45		115	
16		46		116	
17		47		117	
18		48		118	
19		49		119	
20		50		120	
21		51		121	
22		52		122	
23		53		123	
24		54		124	
25		55		125	
26		56		126	
27		57		127	
28		58		128	
29		59		129	
30		60		130	
31		61		131	
32		62		132	
33		63		133	
34		64		134	
35		65		135	
36		66		136	
37		67		137	
38		68		138	
39		69		139	
40		70		140	
41		71		141	
42		72		142	
43		73		143	
44		74		144	
45		75		145	
46		76		146	
47		77		147	
48		78		148	
49		79		149	
50		80		150	

If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY